

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	69861	7/6
O.I.P.E. CLASSIFIER		2	7/9/99
FORMALITY REVIEW		69861	7-15-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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DEPT. OF COMMERCE

If more than 150 claims or 10 actions
staple additional sheet here

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